

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/637,219	08/08/2003	Benoit Maison	YOR920030225US1	3318
35526 DUKE W. YEE	7590 05/07/200	7	EXAM	IINER
YEE & ASSOCIATES, P.C.			NEWAY, SAMUEL G	
P.O. BOX 802333 DALLAS, TX 75380			ART UNIT	PAPER NUMBER
			2626	
			MAIL DATE	DELIVERY MODE
			05/07/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)				
Interview Summary	10/637,219	MAISON ET AL.				
interview duminary	Examiner	Art Unit				
	Samuel G. Neway	2626				
All participants (applicant, applicant's representative, PTO personnel):						
(1) <u>Samuel G. Neway</u> .	(3) <u>Kevin Afghani</u> .	·				
(2) <u>Talivaldis Smits</u> .	(4)					
Date of Interview: <u>02 May 2007</u> .	•					
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2)□ applicant's representative]						
Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description:						
Claim(s) discussed: <u>1 and 11-20</u> .						
Identification of prior art discussed: Arnold (USPGPub 2003/0125955).						
Agreement with respect to the claims f)⊠ was reached. g)∐ was not reached. h)∐ N	//A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: 						
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.						
	TALIVALDIS IVARS	Š.A. ŠMITS				
	PRIMARY EXAMI					
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	ature, if required				